



## SERVICE-DISABLED VETERAN-OWNED BUSINESS (SDVOB) FORM 1: UTILIZATION COMPLIANCE

Procurement: \_\_\_\_\_ Procurement #: \_\_\_\_\_

Bidder/Proposer: \_\_\_\_\_ SDVOB Goal on Solicitation: \_\_\_\_\_%

I, the Bidder/Proposer, will satisfy the SDVOB requirements of the solicitation in the following manner and have included the required documentation itemized under the selected Scenario.

**Select only one:**

**Scenario 1 – Meet or Exceed Goal as a SDVOB Prime Contractor:**

I, the bidder/proposer, am a New York State Certified SDVOB firm and am committed to achieving at least the minimum SDVOB Utilization Goal set forth in the solicitation if awarded this contract and have:

- Deducted the value of non-SDVOB subcontractor(s) in calculating value of SDVOB utilization.
- Attached proof of current SDVOB certification.
- Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded. *(Not Required if included with MWBE Forms.)*

**Scenario 2 – Meet or Exceed Goal through Subcontracting:**

I, the bidder/proposer, am committed to achieving at least the minimum SDVOB Utilization Goal set forth in the solicitation through the use of NYS Certified SDVOB subcontractors if awarded this contract and have:

- Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
- Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded. *(Not Required if included with MWBE Forms.)*

**Scenario 3 – Utilizing SDVOB Subcontractors but Not Meeting Goal:**

I, the bidder/proposer, am unable to meet the SDVOB Utilization Goal stated in the solicitation, however, I am committed to a minimum of \_\_\_\_\_% SDVOB Utilization if awarded this contract and have:

- Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
- Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded. *(Not Required if included with MWBE Forms.)*
- Attached **Form 4: Application for Waiver** for the unfulfilled portion of the SDVOB goal.

**Scenario 4 – No SDVOB Utilization:**

I, the bidder/proposer, am unable to meet the SDVOB goal stated in the solicitation and am unable to identify any SDVOB subcontractors to be utilized if awarded this contract and have:

- Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded. *(Not Required if included with MWBE Forms.)*
- Attached **Form 4: Application for Waiver** for the unfulfilled SDVOB Goal.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Contractor's Authorized Official: \_\_\_\_\_



## SERVICE-DISABLED VETERAN-OWNED BUSINESS (SDVOB) FORM 2: LETTER OF INTENT

**Instructions:** Complete, Sign & Submit One Letter of Intent for EACH SDVOB Subcontractor

Bidder/Proposer: \_\_\_\_\_

SDVOB Subcontractor: \_\_\_\_\_

**SDVOB Contact Information:**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of work to be performed by SDVOB firm:

The bidder/proposer is committed to utilizing the above-named SDVOB firm for the work described above if awarded a contract.

Estimated dollar value of work: \$\_\_\_\_\_. Estimated percentage of total contract value: \_\_\_\_%.

**Affirmation**

The above-named SDVOB firm affirms that it will perform the portion of the contract work described above for the estimated dollar value stated above.

**Signature of SDVOB Firm’s Authorized Representative:** \_\_\_\_\_

**Print Name of Authorized Representative:** \_\_\_\_\_

**Title of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** *If the bidder/proposer does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.*





## FORM 4: APPLICATION FOR WAIVER

<b>Section 1: Basic Information</b>			
Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone: (    )    -	
Procurement Name and Number:		SDVOB Goal	
		%	
<b>Section 2: Type of SDVOB Waiver Requested</b>			
<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised:	SDVOB Goal
			%
Please explain the reason for the waiver request:			
<b>Section 3: Supporting Documentation</b>			
Provide the following documentation as evidence of your good-faith efforts to meet the SDVOB goal set forth in the solicitation and in support of your waiver application:			
<input type="checkbox"/> <b>Attachment A.</b> List of Firms Contacted, Demonstration of Efforts. See Form in this Packet. <input type="checkbox"/> <b>Attachment B.</b> Identify efforts to create subcontracting opportunities within the scope of work. <input type="checkbox"/> <b>Attachment C.</b> Other information deemed relevant to the request.			
<input type="checkbox"/> <b>I did / did not attend a pre-bid, pre-award or other meeting(s) scheduled by RGRTA which included SDVOB firms interested/available to subcontract. Date of Meeting:</b> _____ (or N/A.)			
<b>Section 4: Signature and Contact Information</b>			
By signing and submitting this form, the contractor certifies that a good-faith effort has been made to promote SDVOB participation pursuant to the SDVOB requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of non-compliance, non-responsibility, and a suspension or termination of the contract.			
Prepared By: (Signature)		Date:	
Name and Title of Preparer (Print or Type)			

<b>For RGRTA Use Only</b>			
Reviewed By:		Date:	
Decision:			
<input type="checkbox"/> Full SDVOB Waiver granted <input type="checkbox"/> Partial Waiver Granted; Revised Goal: _____ % <input type="checkbox"/> Waiver Request Denied			
Approved By:		Date:	
Date Notice of Determination Sent:			
Comments			



## FORM 4: APPLICATION FOR WAIVER

### Attachment A: SDVOB Firms Contacted

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #: _____
Description of Work to be Completed by SDVOB:	_____
Reason SDVOB will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #: _____
Description of Work to be Completed by SDVOB:	_____
Reason SDVOB will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #: _____
Description of Work to be Completed by SDVOB:	_____
Reason SDVOB will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NEEDED